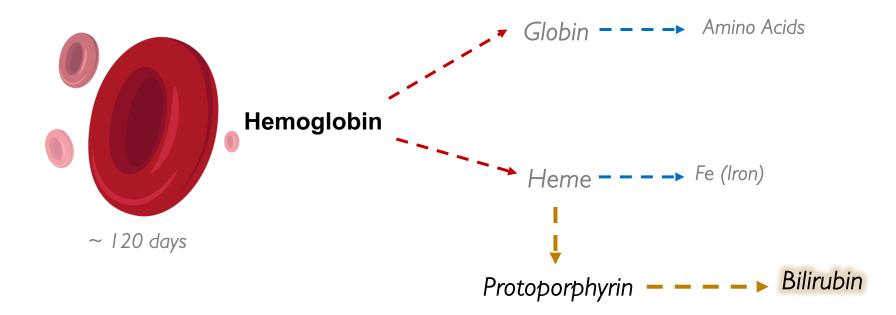


Bilirubin

- **Heme** is formed from **hemoglobin**, a principal component of red blood cells.
- Bilirubin is the yellow breakdown product of normal <u>heme catabolism</u>.
- Bilirubin is excreted in bile, and its levels are <u>elevated in certain diseases</u>.
- It is responsible for the yellow color of bruises and the yellow discoloration in **jaundice**.

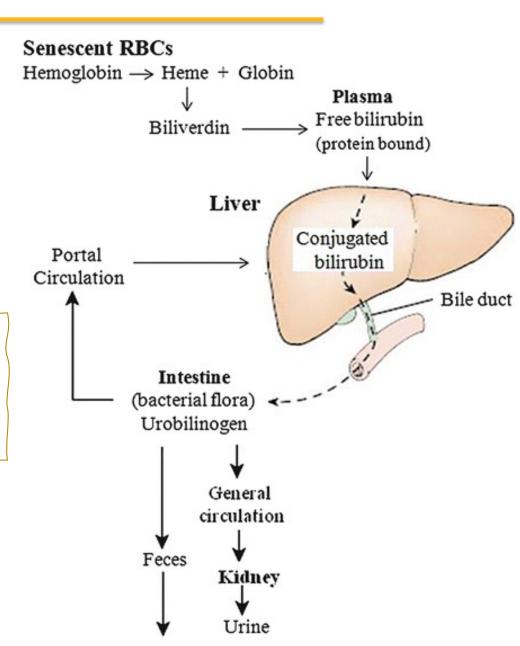


Types of Bilirubin

- **Indirect bilirubin:** unconjugated, water insoluble.
- Direct bilirubin: Conjugated with glucuronic acid, water soluble.
- **Total bilirubin:** sum of the direct and indirect of bilirubin.

Notes:

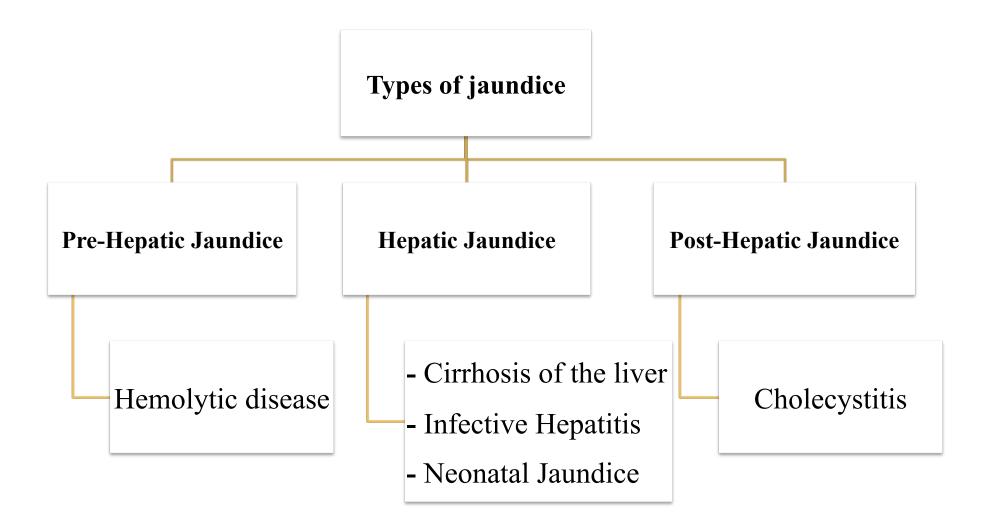
- 1. About 200 mg per day of unconjugated bilirubin are transported to the liver.
- 2. Disturbances in the powers of <u>conjugated and/or excretion</u> of the liver of this yellow compound will lead to raised levels in serum.



Bilirubin and Jaundice

- A normal level is total bilirubin: **0.1** to **1.2** mg/dL
- Above about **2 mg/dL** in the blood, leads to disease called **Jaundice**.
- **Jaundice** is caused by a **build-up of bilirubin (yellow color)** in the blood and tissues of the body.
- **Jaundice** is the **discoloration** of skin and sclera of the eye caused by <u>high concentration of bilirubin</u>.

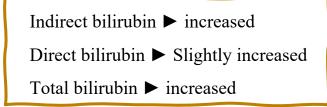




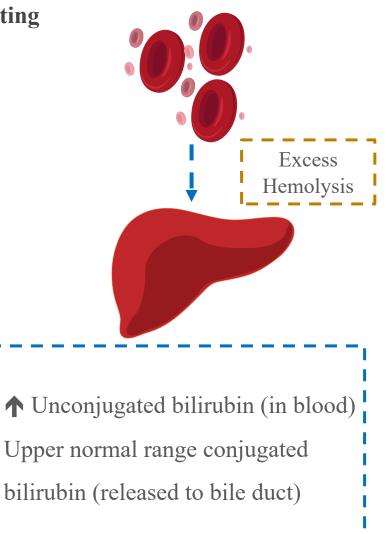
Pre-Hepatic Jaundice

Hemolytic disease (excess hemolysis)

- The production of un-conjugated (indirect) bilirubin may exceed the conjugating capacity of the liver.
- Direct bilirubin in the <u>upper normal range or just a little elevated.</u>
- The serum levels of indirect (and of total) bilirubin will be raised.
- The other liver function tests will usually give **normal results**.



$\uparrow \uparrow \uparrow \mathbf{UCB} + \uparrow \mathbf{CB} = \uparrow \uparrow \uparrow \mathbf{TB}$



Hepatic Jaundice

1- Cirrhosis (in the absence of infection)

- Destruction of liver cells will lead to a <u>reduced conjugating capacity</u>.
- **Raised** serum level of indirect (and of total) bilirubin.
- Low level of direct bilirubin.
- An **abnormally high release**, into the blood, of the enzymes: AST, ALT and ALP.
- Synthesizing power of liver will be diminished and hence low levels of total protein, albumin and cholesterol.

$$\uparrow \uparrow \uparrow \mathbf{UCB} + \downarrow \mathbf{CB} = \uparrow \uparrow \uparrow \mathbf{TB}$$



Healthy liver

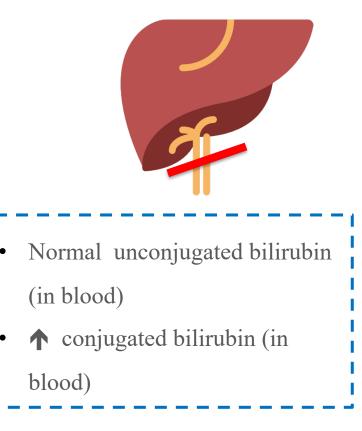
Cirrhotic liver

Hepatic Jaundice

2- Hepatitis (in the presence of infection)

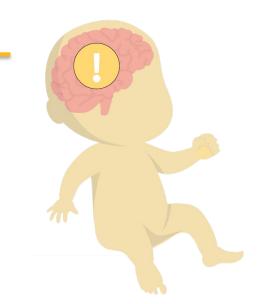
- The conjugative capacity of the liver is <u>approximately normal</u>, but there is the inability to transport the conjugated bilirubin from the liver cells to the biliary system, and <u>it will be regurgitated back into the blood</u>.
- The serum level of **unconjugated** bilirubin will be **normal**.
- **Conjugated** (and total) bilirubin will be **raised**.
- Synthesizing power is diminished leading to **low** serum levels of proteins but

the **raising** of antibodies to infection usually leads to raised total proteins level.



3- Neonatal Jaundice

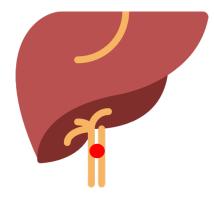
- Conjugating enzymes in the liver are often **absent at birth**.
- **Raised** serum level of indirect (and total) bilirubin is to be expected.
- Low level of direct bilirubin.
- The other liver functions are **normal**.
- The indirect bilirubin level will rise for the first few days after birth <u>until the conjugating enzymes begin to synthesize</u>.
- The conjugation process is delayed and the serum level of indirect bilirubin rises towards **20 mg/dl**
- Can be treated by **phototherapy** or an **exchange blood transfusion**.
- Deposition of the insoluble unconjugated bilirubin into basal ganglia of the brain leads to **permanent brain damage.**



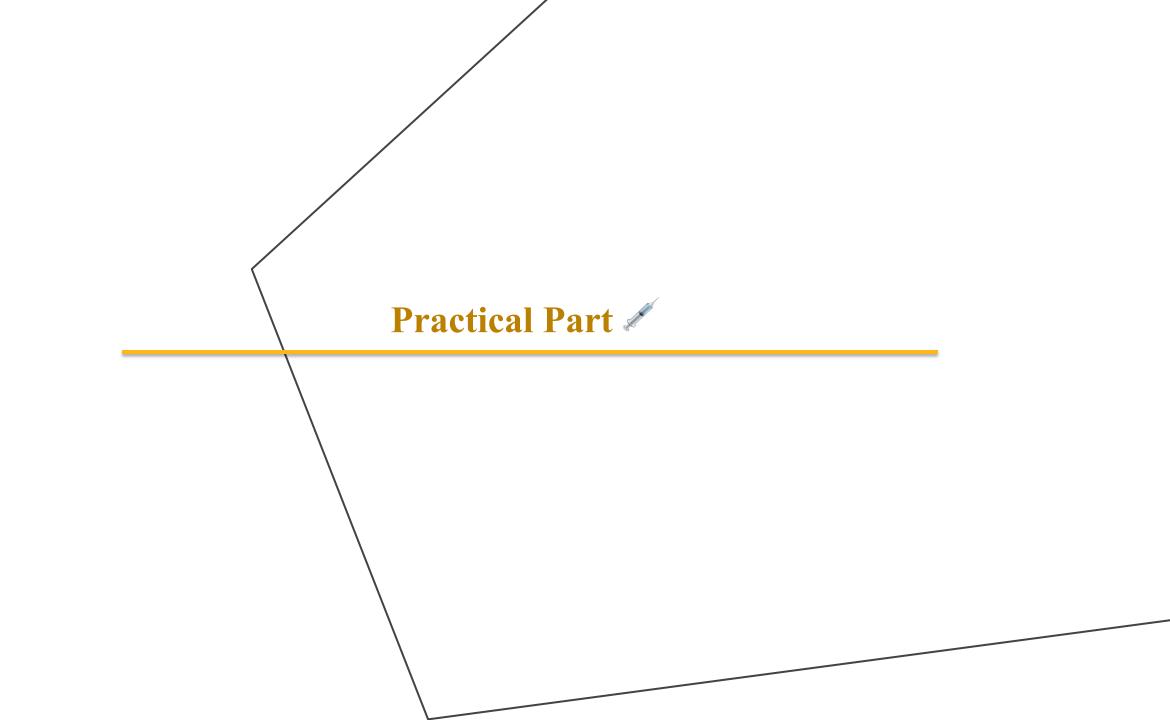
Post-hepatic Jaundice

Cholecystitis

- The bile duct is **blocked**.
- The indirect bilirubin level is **normal** but conjugated bilirubin is regurgitated into the blood and excreted into the urine (**raised conjugated and total bilirubin**).
- Enzymes will be regurgitated into the blood giving **raised** levels.
- The other liver function tests are **normal**.



- Normal unconjugated bilirubin
- (in blood)
- conjugated bilirubin (in blood)



Objective

• To estimate the amount of bilirubin in serum.

Principle

- Bilirubin in serum is coupled with diazotized sulfanilic acid to form azobilirubin.
- The water soluble conjugated bilirubin (direct bilirubin) reacts easily with reagents such as diazotized sulfanilic acid.
- while the water insoluble unconjugated bilirubin (indirect bilirubin) requires a solubilizing reagent, such as methanol, in order to react with the diazotized sulphanilic acid.
- In this experiment, the direct bilirubin is estimated <u>in the absence of the solubilizing agent</u> and then further bilirubin estimation in the <u>presence of the solubilizing agent</u> will give the **total bilirubin level**.
- The indirect or unconjugated bilirubin is then <u>found by difference</u>.

Conjugated bilirubin (direct bilirubin) + diazotized sulfanilic acid → azobilirubin

Unconjugated bilirubin (indirect bilirubin) + diazotized sulfanilic acid <u>Methanol</u> azobilirubin

Method

• Label 4 tubes (or cuvette) and pipette the following:

Solutions	Total Bilirubin		Direct Bilirubin	
	TB	TT	DB	DT
Sulfanilic acid reagent	0.5 ml	0.5 ml	1 ml	1 ml
Sodium nitrate reagent		0.02 ml		0.02 ml
Mix and let stand at least 1 min but no longer than 3 min., then add:				
Sample	0.05 ml	0.05 ml	0.05 ml	0.05 ml
After exactly 1 min. read the absorbance of Test and Test Blank (of Direct bilirubin only) at 546 nm against distilled water. For Total bilirubin add:				
Methanol	0.5 ml	0.5 ml		
Mix and let stand for 5 min and read absorbance of Test and Test Blank (of Total bilirubin) at 546 nm against distilled water				

*** TB** (total Blank), **TT** (total test), **DB** (direct Blank), **DT** (direct test).

When handling sulfanilic acid reagent, wear protective gloves/protective clothing/eye protection/face protection.

Calculations

• **Concentration of direct bilirubin** = (abs. DT- abs. DB) x 25 =mg/dl

Normal range: Up to 0.5 mg/dl

• **Concentration of total bilirubin** = (abs. TT- abs. TB) $x 25 = \dots mg/dl$

Normal range: Up to 1 mg/dl

• **Concentration of indirect bilirubin** = Conc. of total bilirubin – Conc. of direct bilirubin=mg /dl

Normal range: 0.1-0.4 mg/dl